



BOROUGH OF WILTON

*Annual Report of the
Medical Officer of Health
for the year 1970*

**Incorporating the Report of
THE PUBLIC HEALTH INSPECTOR**

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

Incorporating the Report of the Public Health Inspector.

To the Mayor, Aldermen and Councillors of the Borough of Wilton

I have the honour to present the Annual Report of the Medical Officer of Health, incorporating the report of the Public Health Inspector, for the year 1970. The report follows the lines suggested in the Ministry of Health Circular No. 1-1970 on the scope of Annual Reports of Medical Officers of Health.

Sections 5 (3) and 15 (5) of the Public Health Officers Regulations, 1959, are referred to in this circular, which sections draw attention to the provision in the Regulations for the M.O.H. to comment on any matter which he thinks desirable in relation to the public health in his area, in addition to anything on which he is specifically required to report.

I wish to record my appreciation of the kindly assistance and co-operation of the staff of the Municipal Offices and of other colleagues, and particularly that of the Town Clerk, of Mr. W.E. Ramm, Public Health Inspector (who is also Borough Surveyor), and of my colleagues the General Medical Practitioners, and Health Visitors, in Wilton, and of Dr. Peter Wormald, Director of the Salisbury Public Health Laboratory. Under mutual arrangement between the East Wilts Joint M.O.H. Committee and the South Wilts Authorities Dr. F. D. F. Steede and I deputise for each other, and I must particularly thank Dr. Steede for deputising for me. I must also thank the County Medical Officer of Health, Dr. C D. L. Lycett, for his helpful co-operation during the year. I would like readers of this report to note particularly the comments of Dr. Lycett in his Annual Report for 1969, on the commendable way the District Councils in Wiltshire have developed and maintained the environmental sanitary services, the "basic preventive health services." This is recorded in the section of my report on "Environmental Public Health" on page 15.

I have the honour to be,

Your obedient Servant,

F. JOHN G. LISHMAN,

Medical Officer of Health

June, 1971.



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INTRODUCTORY SUMMARY

Attention is drawn to the following sections of the Report.

A. In the Vital Statistics Section.

- (1) An increase of 3·2 per 1,000 in the standardized birth rate.
- (2) A substantial increase in the standardised death rate from 15·4 last year to 18.2
- (3) The Infant Mortality Rate (deaths per 1,000 live births) at 15 per 1 000 live births is less than last year (16) There is a big element of chance which applies to such rates when the numbers concerned (e.g. the number of live births) are small, and each death makes a very big increase in the Infant Mortality Rate per 1,000 live births.
- (4) Maternal Mortality : Once again there was no maternal mortality,
- (5) There was only one death from Tuberculosis, in a man 75 years old.
- (6) The Cancer death rate remained at 2·3 per 1,000 (lung cancer causing three of the total of nine deaths from cancer).

B. In the Communicable Disease Section.

- (1) The again fortunate position of the Borough concerning notified communicable disease. No case of tuberculosis was notified during the year, but there were 119 notified cases of measles.
- (2) The need for early diphtheria, tetanus, whooping cough and poliomyelitis immunisation of children at three months continues. Small pox immunisation is now, however, considered best delayed to 15-18 months of age. Immunisation against measles should be done soon after one year old. Immunisation of adolescent girls against Rubella has begun by the Wiltshire County Council, and the B.C.G. scheme against tuberculosis continues.

C. Environmental Public Health and Food Hygiene.

- (1) As for many years, the quality of the Borough's water supply is satisfactory except for the low fluoride content. The desirability of enriching this fluoride content, as encouraged by the Ministry of Health, but not yet authorised by the "Local Health Authority," (Wiltshire County Council), although the Borough re-approved the fluoridation principle only last year remains unfilled.
- (2) There is a continued need for more housing accommodation, as is also the case in the surrounding Rural District. At the end of the year there was still a waiting list of 75 for Council Houses in the Borough. It is difficult to provide this accommodation at present costs, at rents which workers at local rates of pay can afford and without further serious encroachment upon agricultural land—unless by multi-storey blocks of flats with elevators to each floor.
- (3) There is still need for continuing publicity and health education concerning the public health demerits of heavy smoking, and to counter the advertising campaigns which are still being conducted by tobacco manufacturers, both because of the financial effect of the habit and the greater risk of stimulating bronchitis, heart disease and the growth of lung cancer. As in the case of fluoride enrichment of weak water supplies, stronger action from Central Government would be appreciated. The new Health Education Council which started work last year, moved its premises from central London to Wemb'ey just after the end of the year and the arrangements for the move have delayed its work from getting fully under way.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health	F. John G. Lishman, M.D. (Hygiene), B.S. (London). D.P.H.(London).L.R.C.P., M.R.C.S., D.L.O.(England). L.M.C.C. (Canada). Office address : 26 Endless St., Salisbury. (Telephone : Salisbury 5201.) Residence : Till Orchard, Berwick-St.-James. (Telephone : Stapleford 269.)
Public Health Inspector ...	W. E. Ramm, M.R.S.A., M.P.H.A. (also Borough Surveyor). Residence : 31 Bulbridge Road, Wilton.
Technical Assistant ...	V. Moody
Clerks (Wilton Office) ...	Miss C. Harding.
(Salisbury Office,) ...	Mrs. M. Samways (plus part time with Salisbury & Wilton R.D.C. Surveyor's Dept., Mrs. M. Hewett and Miss A. Sheppard.)
(Mere Office) ...	Miss S. Barrett.

The Medical Officer of Health also holds the appointments of Medical Officer of Health for Salisbury and Wilton Rural District and Mere and Tisbury Rural District. Under joint arrangements he also acts as a Medical Officer for the Wiltshire County Council. (A little under one eleventh of the salary for the joint appointment is allocated to the Borough of Wilton).

GENERAL STATISTICS

Area of Borough, in acres : 2,681.
Population—1961 Census : 3,404
Population—Registrar General's Estimate for midyear : 3,900.
Density of Population—people per acre : 1.5.
Number of inhabited houses or flats : 1,123.
Number of Council houses or flats at the end of the year : 348. (Bungalows 44, other houses 263, flats 41.)
Number built by the Council during the year : None,
Number of applications for Council Houses still standing at end of year : 75.
Rateable Value : £194,666.
Product of a Penny Rate : £710.
Principal Industries : Carpet Weaving, Felt Manufacture, Agricultural and other Engineering, Military Administration (Strategic Command H.Q.)

GENERAL ADMINISTRATION DURING THE YEAR.

There was no change in the administration of the Public Health Department this year. During the year the Government published the second version of the Green Paper on Re-organisation of the Health Services.

After the general election, and a change of Government, the previous proposals for the re-organisation of Local Government were in abeyance, and a new White Paper concerning these appeared in February, 1971. It was expected that a new Green Paper on the Health Services re-organisation would also appear, though it was not thought likely to differ much from the previous Green Paper in its proposals.

Very briefly, the second Green Paper envisaged amalgamation of the present three main divisions (Hospitals, General Medical and Dental, and Public Health) into a new organisation run by the Area Health Boards, which would have only one-third Local Government representation, the other two-thirds being half professional (Medical, dental, nursing, etc.) representatives, and half nominated by the Secretary of State, with also a nominated Chairman. The areas of the Boards would be coincident with those of the White Paper, Authorities, but there would be some devolution by the Boards to "District Committees" covering sub-areas related to District General Hospitals. Few Areas would have more than two such District Committees, and some would have none. Although the main object of the Green Paper, to unify the Health Services, was laudable, in fact its provisions embodies a split in one of the three major sections, namely the Public Health Service, for all parts of present Local Government Public Health with an entirely environmental Public Health content (Water, Sewage, Refuse, Housing etc.) also the control of communicable diseases, would stay with the new Local Authorities (which would have no medical staff of their own, but which would have to "borrow" from that of the Area Health Board.) These, instead of having Medical Officers of Health, will have doctors with similar functions, but inappropriately called "Community Physicians". It seems to many present Medical Officers of Health that if the control of Communicable Diseases is to be left with Local Authorities, some statutory powers should be given to the "borrowed" Community Physicians to equal those at present exercised by Local Medical Officers of Health. Under the Green Paper proposals the present County District Medical Officers of Health would disappear entirely.

At the time of writing this section of the Report (May, 1971), the Government had just issued a new "Consultative" Paper, which had the same general principles as the former 'Green Papers' but proposed a two-tier structure of Regional and Area Health Boards. The former would consist of nominated members the latter of representatives of the Local Authorities the Medical and allied professions and of nominees from the Regional Health Boards' own members. The 'District Committees' were discarded.

VITAL STATISTICS

In view of the likely re-organisation of Local Government in the fairly near future into fewer districts, with larger areas and populations, opportunity has now been taken to simplify some of the statistical records, particularly those for 'rates' (e g., Death Rates from specific causes). In areas such as this the relatively small numbers of people involved renders the calculation of 'rates' (such as death rates from particular causes) a rather chancy business, where one death occurring on December 31st instead of January 1st) may make a significant difference in the specific death rate from a particular disease, for the year. For such "specific" death rate calculations, for all but the most common or important, causes of death, I now consider it best to wait until re-organisation of Local Government has occurred, for with fewer and bigger areas, the "comparison" of District "rates" for specific diseases or conditions between rates applicable to such conditions, from new area to new area, and from one area in comparison with the whole County, or the Country (England and Wales), will become more valid.

Readers will therefore note the omission of some of the "rates" or subdivisions of rates which were recorded in my Annual Report in previous years.

TABLE I. BIRTHS, INFANT MORTALITY AND MATERNAL MORTALITY.

					Male	Female	Total
Live Births	Legitimate	..	..	..	31	32	63
	Illegitimate	..	..	..	2	0	2
Total					33	32	65

Illegitimate Live Births per cent of total live births	..	..	...	..	3.0
Crude Live Birth Rate per 1,000 population	..	..	..	..	16.7
Comparability Factor for Births	..	..	..	..	1.09
*Standardized Live Birth Rate	..	..	..	..	21.73
Birth Rate—England and Wales—for comparison	..	..	..	..	16.0

*The Standardized Rate is the Crude Rate multiplied by the Comparability Factor, which is calculated by the Registrar General to enable populations of differing age and sex constitution to have their various "rates" compared on an equivalent basis.

					Male	Female	Total
Still Births	Legitimate	..	..	..	0	0	0
	Illegitimate	..	..	..	0	0	0
Total					0	0	0
Total Live and Still-births					33	32	65
Still Births, rate per 1,000 live and still-births							0
Infant Deaths—	Legitimate	..	..	..	1	0	1
	Illegitimate	..	..	..	0	0	0
Total					1	0	1
Infant Mortality Rate per 1,000 live births—							
*Legitimate					..	..	16.0
Illegitimate					..	..	0.0
Total					..	..	15.0
For comparison—Infant Mortality Rate, England and Wales						..	18.0
Neo-Natal Deaths under four weeks old (first four weeks)	—Legitimate				0	0	0
	Illegitimate	..			0	0	0
Total					0	0	0
Neo-Natal mortality rate (per 1,000 live births)—							
Total					..	..	0.0
(England and Wales)					..	..	12.0
Early Neo-Natal Deaths (under one week)—							
Total					..		0
Early Neo-Natal Mortality Rate(per 1000 live births)							
Total					..	..	0.0
(England and Wales)					..		11.0
Peri-Natal Mortality Rate (per 1,000 live and still births)					..	...	0.0
" " " " " " " " (England and Wales)							23.0
Maternal deaths (including abortion)					..	..	0.0
Maternal mortality rate per 1,000 live and still-births					..	..	0.0

This table includes three "Specific Mortality Rates" (the I.M.R., the N.N.M.R. and the P.N.M.R.) which are generally considered to be important inverse Public Health indices.

Comment on Table I.

Birth Rate — There was a significant rise in the birth rate for 1970, this rising from 18.5 to 21.7 (Standardised) compared with 1969.

Infant Mortality—The following series shows just how erratic the Standardized I.M.R. can be in a small Borough like Wilton over a period of years :—

1953— 0	1956— 0	1959— 0	1962—31.2	1965— 17.3	1968—18.0
1954—83.3	1957— 0	1960— 0	1963—41.6	1966— 32.9	1969—18.5
1955—24.4	1958—17.6	1961—31.8	1964—23.3	1967— 26.0	1970—21.7

As pointed out in previous reports, with such a small population and small number of births, each infant death that occurs causes a disproportionately large increase in the annual Infant Mortality Rate, when computed on the basis of 1,000 live births, so big annual fluctuations must always be expected in a Borough of this size.

Maternal Mortality—There is a long record of no maternal mortality in the Borough, broken in 1966, but recovered in 1967 and maintained since then.

TABLE II. DEATHS AND DEATH RATES

	Male	Female	Total
Number of Deaths	28	24	52
Crude Death Rate, per 1,000 population			13.3
Registrar General's Comparability Factor for deaths ..			1.38
(This indicates that the age distribution of the population is younger than that for England and Wales. A change occurred in 1958. Formerly the age distribution of the Borough was just on the "elderly" side of the average, as is indicated by the C.F. prior to 1958, of 0.98. It is now well on the "young" side.			
Death Rate as standardized by Comparability Factor			18.4
Ratio of Local standardized Death Rate to National Death Rate			1.57
Death Rate for England and Wales for comparison			11.7
Comment : The "standardized" death rate for the Borough is again increased this year. This change (while less "chancy" than is the case with the wildly fluctuating I.M.R.) must nevertheless be regarded in relation to the relatively small population and number of deaths.			

Natural Increase

Increase of live births over deaths during the year	7
Rate of Natural Increase per 1,000 population	2.1

TABLE III. CERTAIN OTHER "SPECIFIC" DEATH RATES OF INVERSE "HEALTH INDEX" INTEREST

(Rates per 1,000 population, except for Maternal Mortality Rate).

(1) Deaths due to tuberculosis (all forms) (both sexes)	1.0
Tuberculosis Death Rate	0.3
(2) Deaths from Cancer and related malignant diseases (all forms)	11
Cancer Death Rate	2.8
Death from Lung Cancer	3
Lung Cancer Death Rate	0.8
(3) Deaths from Heart Disease and other diseases of the circulatory system ..	29
Specific death rate from circulatory system diseases	8.0
(4) Maternal Mortality Rate	0
(5) Deaths from Bronchitis	0
Bronchitis Death Rate	0
(6) Deaths from Suicide	0
Suicide Death Rate	0
(7) Deaths from Motor Vehicle Accidents	1

COMMENT ON TABLE III.

These index rates must be regarded as satisfactory, despite the small population figures from which they are calculated. The rate for "heart disease and other diseases of the circulatory system" continued to be the major contributor, with, as usual, Cancer in its various forms in second place. I am sorry to record that there were three deaths from lung cancer, (one last year) and one from Motor Vehicle Accidents (none last year).

Table IV .ANALYSIS OF CAUSES OF DEATH.

Group A—Certain Communicable Diseases.						Crude Rate per 1,000
		Male	Female	Total		
1. Cholera .. .. .	..				
2. Typhoid fever .. .. .	..				
3. Bacillary dysentery and amoebiasis .. .. .	..				
4. Enteritis and other diarrhoeal diseases .. .. .	..				
5. Tuberculosis of respiratory system .. .. .	..	1	0	1		0·3
5(a) Later effects of tuberculosis of respiratory system						
6. Other tuberculosis, including late effects .. .. .	..				
7. Plague .. .. .	..				
8. Diphtheria .. .. .	..				
9. Whooping cough .. .. .	..				
10. Streptococcal sore throat and scarlet fever .. .. .	..				
11. Meningococcal infection .. .. .	..				
12. Acute poliomyelitis .. .. .	..				
13. Smallpox .. .. .	..				
14. Measles .. .. .	..				
15. Typhus and other rickettsioses .. .. .	..				
16. Malaria .. .. .	..				
17. Syphilis and its sequelae .. .. .	..				
18. All other infective and parasitic diseases .. .. .	..				
Group A Total ..						0·3
Group B—Cancer and related malignant diseases and benign neoplasms						
		Male	Female	Total		Rate per 1,000
19. Malignant neoplasm—stomach.. .. .	..	1	0	1		
20. Malignant neoplasm—buccal cavity and pharynx						
21. Malignant neoplasm—oesophagus .. .. .	..				
22. Malignant neoplasm—intestines .. .. .	..	1	1	2		
23. Malignant neoplasm—prostate .. .. .	..	1	0	1		
24. Malignant neoplasm—larynx .. .. .	..				
25. Malignant neoplasm—lung, bronchus .. .. .	..	3	0	3		0·8
26. Malignant neoplasm—breast .. .. .	..	0	1	1		
27. Malignant neoplasm—uterus .. .. .	..				
28. Leukaemia .. .. .	..				
29. Other malignant neoplasms, including neoplasm of lymphatic and haematopoietic tissue .. .. .	..	2	1	3		
30. Benign neoplasms and neoplasms of unspecified nature .. .. .	..				
Group B Total ..						2·8
Group C—Endocrine and metabolic and blood disorders						
		Male	Female	Total		Rate per 1,000
31. Diabetes mellitus .. .. .	..				
32. Avitaminoses and other nutritional deficiency						
33. Other endocrine, nutritional and metabolic diseases .. .. .	..				
34. Anaemias .. .. .	..				
35. Other diseases of blood and blood-forming organs .. .. .	..	0	1	1		
Group C Total ..						0·3

					Male	Female	Total	Rate per 1,000
Group D—Mental disorders								
36. Mental disorders	..	..	..	..	0	0	0	
Group E—Nervous system								
37. Meningitis	..	..	..	..
38. Multiple Sclerosis	..	..	..	..	0	1	1	
39. Other diseases of nervous system and sense organs	..	..	..	..	1	0	1	
Group E Total					1	1	2	0.5
Group F—Circulatory system								
40. Active rheumatic fever	..	..	..	..
41. Chronic rheumatic heart disease	..	..	..	..
42. Hypertensive disease	..	..	..	..	1	1	2	
43. Ischaemic heart disease	..	..	..	..	7	7	14	
44. Other forms of heart disease	..	..	..	..	1	0	1	
45. Cerebrovascular disease (including "strokes")	..	..	..	..	3	4	7	
46. Other diseases of the circulatory system	..	..	..	..	2	3	5	
Total Group F					14	15	29	8.0
Group G—Respiratory system								
47. Influenza	..	..	..	..	1	0	1	
48. Pneumonia	..	..	..	..	2	3	5	
49. Bronchitis, emphysema	..	..	..	..
50. Asthma	..	..	..	..
51. Other diseases of the respiratory system	..	..	..	..		1	1	
Total Group G					3	4	7	1.8
Group H—Alimentary system								
52. Peptic ulcer	..	..	..	..
53. Appendicitis	..	..	..	..
54. Intestinal obstruction and hernia	..	..	..	..
55. Cirrhosis of liver	..	..	..	..
56. Enteritis and Diarrhoeal diseases other than those in Group A	..	..	..	..
57. Other diseases of the digestive system	..	..	..	..
Total Group H					0	0	0	
Group I—Genital and Urinary Systems								
58. Nephritis and nephrosis	..	..	..	..
59. Hyperplasia of prostate	..	..	..	..
60. Other diseases of the genito-urinary system	..	..	..	..
61. Abortion	..	..	..	..
62. Other complications of pregnancy, childbirth and puerperium	..	..	..	..
Total Group I					0	0	0	0
Group J—Skin								
63. Diseases of the skin and subcutaneous tissue	..	..	..	..	0	0	0	0
Group K—Muscles and bones (other than accidents)								
64. Diseases of the musculoskeletal system and connective tissue	..	..	..	..	0	0	0	0

Group L—Congenital defects or injuries

58. Congenital anomalies .. .. .	..	..	..	..
59. Birth injury, difficult labour, and other anoxic and hypoxic conditions .. .. .	..	..	..	..
60. Other causes of perinatal mortality .. .. .	..	..	..	..
Total Group L ..	0	0	0	

Group M—"Ill defined"

61. Symptoms and ill-defined conditions ..	0	0	0	
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Group N—Accidents

62. Motor vehicle accidents.. .. .	1	0	1	
63. All other accidents
64. Suicide and self-inflicted injuries
Total Group N ..	1	0	1	

Group O—Other

65. All other external causes .. .. .	..	..	..	..
Grand Total ..	28	24	25	13.3

Comments: In addition to the comments made under Table III about heart disease, cancer, and motor vehicle accidents, I am sorry to note the increase of "strokes" from one last year to five. A stroke is often followed by a long period of paralysis or incontinence, or both, with complete dependency on others, often with inability to communicate at all, before death occurs. The condition is one of the most terrible of all afflictions, for the person "struck" down, and for the relatives. It is far better to die from a failure of the circulatory system in another part, such as a "heart attack" or coronary thrombosis. The number of deaths from "ischaemic heart disease" (the new statistical heading for "coronary thrombosis") increased from 11 last year to 14.

TOBACCO SMOKING : LUNG CANCER AND OTHER EFFECTS.

Evidence continues to accumulate about the harmful effects of smoking tobacco, especially in the form of cigarettes. But in addition to causing cancer of the breathing organs, the effect on these organs of chronic inflammation—Bronchitis—is becoming more and more evident. Effects in the heart and larger blood vessels are also well known. It appears that many adult people must revert to the habits of infancy and require for their solace the feel of a cigarette in their mouths, like a baby's comforter. This is deplorable to see, in the face of overwhelming evidence linking cigarette smokers with dangerous and socially destructive diseases. The Chief Medical Officer to the Department of Health and Social Security, Sir George Godber, continues to warn the public most strongly of these risks of cigarette smoking in his annual reviews of the health of the nation. It appears that the irritant tar contact of tobacco is probably the main factor in inducing bronchitis and lung cancer, while the nicotine contact is more directed against the heart.

COMMUNICABLE DISEASES.**A. Prevention of Communicable Diseases.**

"Artificial" immunisation against certain diseases amenable to prevention or attenuation by this method is now available for a number of communicable diseases. For Wiltshire the Wiltshire County Council, as Local Health Authority under the National Health Service, operates in this district a scheme, mainly for babies, pre-school and school

children, but available also for other ages. Smallpox immunisations are done by the "Family Doctors" under the National Health Service, for the County Council: Diphtheria, Tetanus, Whooping Cough, Measles and Poliomyelitis immunisations either by the "Family Doctors" or by the County Council's Medical Officers at Child Health Clinics or at specially held immunisation clinics, usually arranged at schools. Partial protection against Tuberculosis is available for older (tuberculin negative) school children through the County Medical Officer, and to selected other cases (usually contacts of cases of tuberculosis) by N.H.S. Chest Physicians. In this area all the immunisations (excepting for Poliomyelitis) are still carried out by Doctors, the practice of employing public health nurses (health visitors or especially experienced nurses) in this work not yet having been adopted. Poliomyelitis immunisation continued on an increasing scale. Facilities for this are now available for all children and for pregnant women of any age. Measles immunisations with the latest sort of vaccines do not produce the somewhat severe reactions, nearly as bad as ordinary measles noted with the earlier batches of vaccines. Immunisation of adolescent girls against Rubella (the common infectious disease once badly known as German Measles) is just starting, with the object of preventing this disease from occurring during pregnancy when it can seriously spoil the development of the unborn baby, producing blindness, deafness, mental abnormality, physical and other handicaps.

B. Incidence of Communicable Diseases.

The communicable diseases for which statistics are available comprise those diseases which are compulsorily "notifiable", under the Public Health and Health Services Act, 1968, and the Public Health Infectious Diseases Regulations made under that Act. A proportion of these notifiable diseases probably does not get notified because no doctors may have been called in, either at all, or in time before the patient has died.

The incidence of notified notifiable communicable diseases in the Borough during the year is shown in Table V, and consists entirely of 119 cases of Measles.

The layout of this table, in extended form, is designed to co-ordinate with that for the tables for the Salisbury and Wilton Rural District and the Mere and Tisbury Rural District, for which I am also Medical Officer of Health. This facilitates record keeping from year to year, in spite of the blank entries for Wilton, except for measles.

TABLE VI. NOTIFIABLE DISEASES NOTIFIED DURING THE YEAR

						(sub)	(main disease)	Grand Total
1. Tuberculosis								
(a) Respiratory .. .. .	..	..	..	..	..	0		
(b) Meninges and nervous system .. .. .	..	..	..	..	..	0		
(c) Other Forms .. .. .	..	..	..	..	..	0		
(d) Total .. .. .	..	..	..	..	..		0	0
2. Other Respiratory Notifiable Diseases								
(a) Whooping Cough .. .. .	..	..	..	..	..		0	
(b) Pneumonia, Acute .. .. .	..	..	..	..	..		0	
(c) Group Total .. .. .	..	..	..	..	..			0
3. Diphtheria .. .. .	..	..	..	..	..	0	0	0
4. Meningococcal Infection .. .. .	..	..	..	..	..	0	0	0

					(sub	(main	Group
						disease)	Total
5. Virus Diseases of Nervous System							
(a) Poliomyelitis—Paralytic	..	..	..	..	0		
(b) Poliomyelitis—Non Paralytic	..	..	..	..	0		
(c) Total	..	..	..	..	0	0	
(d) Encephalitis—Infective	..	..	..	..	0		
(e) —(Post Infectious)	..	..	..	..	0		
(f) Encephalitis Total	..	..	..	..		0	
(g) Group Total..	..	..	..	..			0
6. Other Notifiable Virus Diseases							
(a) Measles (excluding Rubella)	..	..	..	..		119	
(b) Small Pox	..	..	..	..		0	
(c) Infectious Hepatitis	..	..	..	..		0	
(d) Group Total..	..	..	..	..			119
7. Alimentary Infections or Poisons							
(a) Dysentery—Bacterial	..	..	..	..	0		
(b) —Other	..	..	..	..	0		
(c) Total Dysentery	..	..	..	..		0	
(d) Typhoid Fever	..	..	..	..	0		
(e) Paratyphoid Fever	..	..	..	..	0		
(f) Food Poisoning (see Table VIa)	..	..	..	..	0		
(g) Group Total..	..	..	..	..			0
8. Streptococcal Group							
(a) Scarlet Fever	..	..	..	..	0		
(b) Others	..	..	..	..	0		
(c) Group Total..	..	..	..	..			0
9. Miscellaneous Groups							0
10. All “Notifiable Diseases” Total	..	..	..	..			<u>119</u>

Tuberculosis.

In the Borough of Wilton, only 15 known cases of tuberculosis remain on the register, nine being lung and six non-pulmonary cases, an increase of four cases (three lung and one other) during the year.

These are nearly all old long standing cases, or imports from elsewhere, where they were previously notified, and during the year there were no new notifications in the Borough, although there was one death, in a 75 year old man.

TABLE VIA—FOOD POISONING.

This table is omitted for 1970, as it was for all the years 1963 to 1969, as there were no cases of food poisoning notified or otherwise discovered. Nor were there any other cases of Salmonella Infections (not food borne) notified or discovered.

PERSONAL HEALTH SERVICES

Apart from the general medical, dental, specialist and hospital services of the National Health Service, the other “personal” health services for the Borough are operated by the Wiltshire County Council. Among these are the Health Visiting Service, Midwifery Service, Home Nursing Service, Home Help Service, Ambulance Service, the Child

Health Clinics and the School Health Service with its specialised appendages such as Dental Service, Speech Therapy and Guidance Clinics. The County Council are also responsible for the Mental Health Service (outside hospitals) and the "Care and after-care" service, which was once mainly concerned with tuberculous people, their families and other contacts, but now is more embracing in its wide scope.

The passing of the Local Authority (Social Security) Act, 1970, transfers the Home Help Service and the domiciliary Mental Welfare Officers from the Health Department to the new County Council Social Service Department, but up to the end of the year these people were still working in the County Health Department.

Your Medical Officer of Health spends nearly half his time working also for the County Council, principally with the School Health Service, also at the Child Health Clinics (including those in Wilton and Stoford), at Immunisation Clinics, and examining handicapped children and mental health patients in their homes. The Wilton Child Health Clinic is still conducted in the Town Hall, with the M.O.H. and another County Council Medical Officer, Dr. J. S. Harper, alternately, and Wilton Health Visitors and assistant in attendance, plus another Health Visitor from Salisbury, plus the very kind help of a number of voluntary workers of whom Mrs. G. L. Luch is the organiser. Without their help it would be difficult for only two health visitors to control this busy clinic. There were two practising midwives in the Borough. The midwives, Mrs. Palmer and Mrs. Pullen, keep in contact with the clinic, often represented by a pupil midwife. This is a help to me and the clinic staff, and provides a valuable liason. However, during the year Mrs. Palmer resigned from the Midwifery Service and attended the Clinic as a mother with her own baby. At the end of the year she had not been replaced.

For further information in regard to these services reference should be made to the Annual Reports of the Principal School Medical Officer and of the County Medical Officer of Health for Wiltshire.

HANDICAPPED CHILDREN

The care, and special educational needs, of handicapped children also come under the School Health Service, and your Medical Officer of Health, acting for the Wiltshire C.M.O.H. examines and advises on such children, of which mentally handicapped ones are the most numerous.

SCHOOL PREMISES

The hygiene of School Premises, as of most other buildings, concerns the Local Sanitary Authority, as well as the Education Authority, and school premises can be inspected by your Medical Officer of Health in his capacity as such, and also as School Medical Officer, although it is more usual to do this in the latter capacity if the School is one for which the M.O.H. is a School M.O. Some of the School work is done by County Council Medical Officers who are not also Medical Officers of Health.

While your Medical Officer of Health is responsible for the medical inspection of the children of the Secondary Modern School, another County Council School Medical Officer attends the Primary School. At the Secondary Modern School, the dangerous situation described in previous Annual Reports still applies and needs rectification. This is the narrowness of the access road to the school up "The Hollows" from Water Ditchampton, always dangerous for vehicular traffic, is especially so where about two thirds of the way up, the slope of the road veers sharply North on the brink of the

railway embankment. There, there is a liability for any vehicle whose brakes failed, to plunge through the little railing and over the embankment. Formerly the School buses discarded and loaded their passengers in Water Ditchampton, but that gave the children a long and sometimes wetting walk to the school. The swimming pool at the Secondary Modern School is a great asset to the students at this school.

As I reported last year, I was of course very glad when the school buses began climbing the hill and taking the children to the school, but this had introduced another hazard, as the road is narrow and the sidewalk only three feet wide, so that at times of school assembly and discharge, the pedestrian children have to overflow from the foot path and obstruct the narrow lane, leaving insufficient space for the school busses to travel in safety.

Further temporary extensions have been added to the overcrowded primary school, but this can only be a temporary expedient, and it is hoped that there will be a new primary school before long.

HANDICAPPED ADULTS AND OLD PEOPLE.

The care of handicapped adults, including the blind and deaf, and of old people, also comes under the County Council Services. But the Borough has also powers (under the National Assistance Act, 1948, and the National Assistance Amendment Act, 1951) concerning old people needing care and attention, and either chronically ill or living in insanitary conditions. Removal to an Institution can be enforced under an order of a Court, or of a single Justice. The Medical Officer of Health sees such cases, but, in the Borough, no such cases came to my attention during the year. The Borough has also acquired some powers to help with adaptation to Council Housing, Public Conveniences and other "public buildings to which the public have access" under the new "Chronically Sick and Handicapped Persons Act, 1970." This Act has an enormous scope also in covering other medical and welfare needs of Chronic Sick and adult handicapped, in "ascertaining" all such people and making a register of them, and for providing important aids, such as telephones, home help apparatus to help the crippled or semi-crippled in their homes and for getting about, hearing aids, helping with transport to clinics and doctors' surgeries, meals on wheels, provision of entertainment and occupation, including special workshops. These other services, are however the responsibility of the County Council, and, I understand, will be administered through their new Social Services Department.

Meals on Wheels Service

During the year the "Meals on Wheels" service continued its valuable help, operated by Wilton volunteers working for the Salisbury B.R.C.S. The frequency of meals delivery in Wilton is now twice a week. At the time of writing this report, seven people were being supplied with meals on wheels, but this number is very variable, and fluctuates frequently.

Pre School Play Groups.

These admirable institutions are now multiplying rapidly in the country, sometimes run by private individuals, either in their own homes and gardens or in hired halls, sometimes, especially if developed into a nursery school, by the L.E.A. If there are more than five children over the age of age five on the books, then they must be approved by the L.E.A. All also have to be approved by the Local Health Authority—here the Wiltshire C.C. and the W.C.C. have requested me to carry out periodical inspections of

those Play Groups in my M.O.H. District. During the year two groups operated within the Borough of Wilton, one at the Town Hall, and the original group at the Hollows. I feel that there is a need for at least one more group to serve the Bulbridge Estate. The companionship, free play activity and fundaments of "education" in the broadest sense are invaluable aids towards developing sound mental health and good personality among the children.

Environmental Public Health, and Food.

As stated in all previous reports this is probably the most important of the various local factors which influence public health. Human health is still greatly influenced by the environment, and the extent to which man can adapt this to suit his needs. Health is also largely dependent upon the quantity and quality of food supplies. Fundamental to good health are such influences as housing, quality of water supply, (which should include the necessary mineral impurities required for promoting health), safe and not wasteful disposal of human body wastes (drainage sewerage etc.), refuse collection and disposal, control of flies, vermin and other insects, rodents and other pests, quantity, quality and freedom from adulteration or infection of food supplies, including milk, and such universal and basic foods as bread and meat. Food hygiene concerns not only the home but also places where food and drink are prepared and/or consumed outside, including school and other canteens and public restaurants, hotels and public houses. Avoidance of certain adverse influences, such as tobacco smoking, is also important. It is interesting to note that in his annual report for Wiltshire (1969) the County Medical Officer of Health, Dr. C. D. L. Lycett, writes that the Environmental Health Services which are "now largely taken for granted are still the basis of Preventive Health Services." He commends the way in which the District Councils in Wiltshire have developed and maintained these services, "which are at present mainly provided by the District Councils."

These matters are reported upon in detail in the report of your Public Health Inspector, Mr. W. E. Ramm, which is incorporated in this Annual Report. Comments on the following matters are however made in this section of the Report.

A. Housing

My observations made in previous Reports concerning the grave adverse effect of bad housing, or lack of housing, upon mental and physical health have not altered and need not be repeated. The extent of the housing problem cannot be measured only by the size of the local Authority's waiting list of applicants for Council Houses or flats. Moreover, Wilton Borough, in common with most other Local Authorities, restrict their waiting list to those who either live in, or work in, the Borough at the time of application, and there may be a qualifying period of residence, or work in, the area before an application can be accepted. If a person on the waiting list moves out of the Borough Area they are liable to forfeit their rights. Not all people living in unsuitable, "accommodation" apply for Council Houses. But in December there were 75 applications actually on the waiting list of applicants who either live in Wilton or work or have other close connections with the Borough.

The Council have continued making Discretionary "Improvement Grants" for the improvement of sub-standard houses. Only five applications for a Discretionary "Improvement Grant" were received, three of which were approved. This is a valuable method of preventing the loss of saveable property through slum clearance, and saves some expense in the provision of new Council Houses or Apartments.

In addition, application for seven "Standard" Grants for lesser improvements (but including such important items as Bathrooms and Food Stores) were made during the year, and six of these were approved.

Providing adequate and safe playing facilities are available for small children, where they can be supervised, I have no reason to amend the opinion first voiced in 1956, in favour of building "upwards" where land is scarce and expensive. Tall blocks of flats with sufficient layers to justify the cost of elevators, can be beautiful as well as practical. But I would emphasize the need to incorporate indoor and outdoor communal play facilities for children, where they can be adequately supervised. This is often difficult to achieve so that on the whole there may be serious disadvantages in tall buildings in regard to family and social life.

B. Water Supply

The Borough's water supply, the control of which was taken over by the South Wilts Water Board in 1968, from the prolific well sources at Water Ditchampton and borehole at Bulbridge, has been of consistently good quality, except for low fluoride content. It is, of course, chlorinated, and the chlorination is nicely balanced, so that the water tastes pleasanter than some other supplies. The Ministry of Health has requested, in its Circular about Annual Reports of M.O.s.H., specific details about the fluoride content of public water supplies.

The fluoride content of the Wilton water, because of its importance as a means of strengthening young growing teeth against the onslaught of dental decay, both in early and later life, has been studied, and the water is sampled for fluoride analysis periodically. Unfortunately the fluoride content of both waters is usually only about 0.1 parts per million, about one tenth of the desirable amount. During 1969 the Council re-affirmed its policy, (originally decided in February, 1968), in favour of bringing the fluoride content of the water up to the optimum level of 1.0 parts per million. But before a water undertaking has power to spend money on fluoridating its waters the Government at present require the Local Health Authority to authorise this, and the small expenditure necessary. Thus a wise Local Sanitary Authority or Water Undertaking may be prevented from carrying out its wishes by the hesitations of a Local Health Authority, and, by the end of the year the Wiltshire County Council, as Local Health Authority, had not yet sanctioned this important health measure and voted the necessary funds. This money, incidentally, would only be a small fraction of the cost of the dental treatment that eventually would be annually saved.

C. Sewerage

As reported from year to year the condition of some of the Borough's older sewers are imperfect. Details are given in the report of the Public Health Inspector, Mr. W.E. Ramm.

D(a). Food Hygiene.

Work continues in connection with the Food Hygiene Regulations, 1955, to improve standards of accommodation and equipment, and the conduct of food-handling personnel, in all food premises and food businesses. The Regulations apply to cafes, restaurants, hotels, public houses (even those serving only drinks), nursing homes, hospitals (none in the Borough) and schools serving meals. A total of 44 food shops, including one

wholesale premise, come under the supervision of the Public Health Inspector with the aid of the Technical Assistant, Mr. V. Moody. Details are set out in the report of the Public Health Inspector.

D(b) Milk Supplies.

There is still one dealer selling untreated milk (though it is "Tuberculin Tested" of course) and this goes out for wholesale, after which it may be treated before sale. Details are in the Public Health Inspector's section of the Report.

E. Offices, Shops and Railway Premises Act, 1963.

The Public Health Inspector, Mr. W. E. Ramm, in his section of the Report gives details of the work done during the year.

F. Home Safety and Road Safety.

During the year the Home Safety Committee and Road Safety Committee, which are sub-Committees of the Council's 'General Purposes' Committee continued to do good work, under the Chairmanship of Councillor Belk. These committees are composed of Representatives from the Council, the Royal Society for the Prevention of Accidents (represented by Squadron Leader R. Hessey), Health Visitors for Wilton and surrounding country, the Police, Public Transport, the Army Strategic Command and delegates from several voluntary agencies.

The Road Safety Committee subscribes to, and provides two delegates for, the Wiltshire Association of Road Safety Committees. The Committees are both very well served by their Secretary, Mrs. Belbin.

As the Safety Committees are partially composed of members of voluntary agencies, or of organisations unconnected with, or having no obligation to, the Council, all of whom give their time and trouble freely and without reward other than the interest of the work, the members of these Associations deserve gratitude and thanks for their work.

G. Noise.

This has not been a significant nuisance, from the viewpoint of health, within the Borough, but now the ever increasing heavy vehicle traffic on the A30 and A36 roads is beginning to be a nuisance. There were some complaints of noise, especially at night from a discotheque machine, and sometimes a worse noise from a 'beat group,' at one hotel. This was taken up with the Licensing Authorities, which is taking action to reduce the nuisance.

H. Recreation.

The Playing Field and its Pavilion, completed in 1957, is still much appreciated and should be a great health asset to the Borough. But the condition of the Pavilion is showing some deterioration. The (open) swimming pool at Wilton Secondary Modern School has proper filtration and automatic chlorination machinery, and is a tremendous asset to the health and happiness of the young. It is also available for use by the Primary School Pupils. The playground now available in the Bulbridge Estate and the Tennis Courts at the Warminster Road are also assets.

I. Factories.

Prescribed Particulars on the Administration of the FACTORIES ACT, 1937
Part 1 of the Act.

1. INSPECTIONS for purposes of provisions concerning health (including inspections made by Public Health Inspectors).

Premises	No. on Register	No. of Inspections	No. of Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	1	0	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	18	5	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworker's premises) ..	0	2	—	—
Total	19	7	—	—

2. Cases in which DEFECTS were Found

Particulars.	Number of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspector	by H.M. Inspector	
Want of cleanliness (S1) ..	—	—	—	—	—
Overcrowding (S2) ..	—	—	—	—	—
Inadequate Ventilation (S4)	—	—	—	—	—
Ineffective drainage of floors (S6)	—	—	—	—	—
Sanitary Conveniences (S7):					
(a) Insufficient ..	—	—	—	—	—
(b) Unsuitable or defective	—	—	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act	—	—	—	—	—
Total	0	0	0	0	0

OUTWORK.

Part VIII of the Act
(Sections 110 and 111).

Nature of Work — There were no new outworkers registered in the Borough during the year, and the total remains at Nil.

25th June, 1971.

F. JOHN G. LISHMAN,

ANNUAL REPORT
of the
PUBLIC HEALTH INSPECTOR
for the year 1970.

ANNUAL REPORT of the PUBLIC HEALTH INSPECTOR
FOR THE YEAR 1970.

**1. ACTION TAKEN UNDER ACTS OF PARLIAMENT AND
REGULATIONS, ETC., MADE THEREUNDER.**

(a) Public Health Acts.

Informal Notices served ..	..	..	..	..	3
Informal Notices complied with ..	..	..	..	..	3
Statutory Notices served ..	..	..	..	..	Nil
Statutory Notices complied with ..	..	..	..	..	Nil

(b) Housing Acts.

Informal Notices served ..	..	..	..	..	Nil
Informal Notices complied with ..	..	..	..	..	Nil
Statutory Notices served ..	..	..	..	..	Nil
Statutory Notices complied with ..	..	..	..	..	Nil

(c) Food and Drugs Acts Regulations.

Informal Notices served ..	..	..	..	..	Nil
Informal Notices complied with ..	..	..	..	..	Nil

(d) Factories Acts and Regulations.

Informal Notices served ..	..	..	..	..	Nil
Informal Notices complied with ..	..	..	..	..	Nil
Statutory Notices served ..	..	..	..	..	Nil
Statutory Notices complied with ..	..	..	..	..	Nil

(Fuller report at end of M.O.H. Report).

2. WATER UNDERTAKING.

A total of 12 water samples were taken by me during the year, all of which proved to be satisfactory.

3. SEWERS.

There have been a number of blockages in the foul sewers but in the main these have been in the Wilton Park sewers, the South Street sewers having been relatively free from blockages. The Water Ditchampton sewer has, however, given some trouble during the year. Little progress has been made to install pumping equipment to pump sewage across the river in South Street as this requires acquisition of land upon which the pumping station can be built.

4. RODENT AND PEST CONTROL.

The work carried out by the Rodent Operator is as follows :—

Survey Only.

Domestic premises	..	841
Business premises	..	68
Farm premises	..	9
Council Properties	..	36

Treatments.	Domestic	Business	Farm	Council
(a) On complaint	18	1	Nil	Nil
(b) After survey	3	Nil	Nil	Nil
Total Treatments	21	1	Nil	Nil
Total Visits and Treatments	862	69	9	36

5. FOOD AND FOOD PREMISES.

a. Food condemned during the year :—

The following food was certified as being unfit for human consumption during the year.
23 tins of peas, 4 tins runner beans, 1 tin carrots, 2 tins broad beans, 5 tins fruit salad, 3 tins peaches, 2 tins strawberries, 2 tins steak, 1 tin apple pie filling, 2 tins pork luncheon meat, 1 tin oranges, 1 tin corned beef, 3 tin evaporated milk, 1 tin pears, 1 tin apricots, 5 tins potatoes, 2 tins pineapple, 1 tin beans in tomatoes, 1 tin pilchards

b. List of Food Premises.

General Stores	..	7	Bakehouses	..	2
Butchers Shops	..	3	Fish and Chip Shops	..	1
Cafes and Canteens	..	8	Public Houses, Hotels, and Off		
Greengrocers	..	3	Licence Shops	..	9
Pharmacies	..	1	Wet Fish Shops	..	1
Wholesale Food Premises	..	1	Confectioners	..	1
Sweet Shops	..	5			

6. MILK AND DAIRIES Acts and Regulations.

Dealer's licences now in force are:—

Dealers licences to sell sterilized milk	...	2
Dealers licences to sell pasteurised milk	...	6
Dealers licences to sell ultra heat treated milk	...	3
Dealers licences to sell untreated milk	...	1

A total of 27 samples were taken during 1970, and 26 of these satisfied the Statutory Test: 1 Ultra Heat Treated sample failed.

7. ICE-CREAM PREMISES.

The number of premises registered for the sale of ice-cream is 14, an increase of one.

8. HOUSING.

Existing Dwellings (all types and conditions)

(a) Total number of permanent dwellings in the Borough	..	..	1185
(b) Total number of temporary dwellings in the Borough	...	..	Nil

9. COUNCIL HOUSES.

(a) Council owned dwellings, other than in (b) below	..	..	..	348
(b) Corporate property dwellings	..	..	..	2
(c) Council dwellings built during 1970	..	..	..	Nil
(d) Council dwellings under construction at 31st December, 1970	..	..	..	Nil
(e) Council dwellings demolished during 1970	..	..	..	Nil

10. PRIVATE DEVELOPMENT.

(a) Private dwellings built and completed during 1970	..	..	..	Nil
(b) Private dwellings under construction at 31st December, 1970	..	..	..	2

11. UNFIT DWELLINGS.

(a) Number of houses unfit for human habitation within the meaning of Section 4 of the Housing Act, 1957, and requiring action to close or demolish	..	..	..	..	..	6
(b) Demolition Orders served in respect of individual houses unfit for human habitation under Section 17 of the Housing Act, 1957	..	..	..	..	..	Nil
(c) Closing Orders made in respect of individual houses unfit for human habitation (Section 17 Housing Act, 1959)	..	..	..	..	..	Nil
(d) Houses closed as a result of undertakings from owners	..	..	..	..	..	Nil
(e) Undertakings to render houses fit accepted from owners	..	..	..	..	..	Nil
(f) Number of houses rendered fit after action to close	..	..	..	..	..	Nil
(g) Number of houses included in Clearance Areas for which:—						
(i) Clearance Orders have been made	..	..	..	..	..	Nil
(ii) Clearance Orders still to be made	..	..	..	..	..	Nil
(iii) Compulsory Purchase Order made	..	..	..	..	..	Nil
(iv) Purchased by agreement	..	..	..	..	..	Nil
(h) Number of houses in Clearance Areas patched for temporary accommodation under Section 53, Housing Act, 1957 (Local Authority owned)						Nil
(i) Number of Houses in Clearance Area licenced for temporary accommodation under Section 53, Housing Act, 1957 (Private owned houses)						Nil
(j) Number of unfit houses demolished under Section 17 Housing Act, 1957						Nil
(k) Number of unfit houses demolished under Section 42 Housing Act, 1957						Nil
(l) Number of temporary dwellings demolished (not included above)	..	..	..	..	..	Nil

12. IMPROVEMENT GRANTS.

(a)	Applications for Standard Grants	..	..	..	..	7
(b)	Standard Grants Approved	..	..	..	..	6
(c)	Number of dwellings involved in Standard Grants	..	..	..	..	6
(d)	Total value of Standard Grants	..	..	..	..	£1060
(e)	Applications for Discretionary Grants	..	..	..	..	5
(f)	Discretionary Grants Approved	..	..	..	..	3
(g)	Discretionary Grants for decision in 1971	..	..	..	..	Nil
(h)	Number of dwellings involved in Discretionary Grants	..	..	..	..	5
(i)	Total value of Discretionary Grants	..	..	..	..	£2834

13. VISITS AND INSPECTIONS MADE DURING 1969 by Public Health Inspector and Technical Assistant.

Highways	..	..	..	287	Fairfield	..	..	..	82
Petroleum Storage and Installations	9				Sewers	..	..	..	30
Playing Field	..	..	..	140	Infectious Diseases	..	..	..	7
Council Houses	..	..	..	932	Milk	..	..	..	30
Building Regulations, Town Planning	393				Water Domestic Supply	..	..	..	10
Recreation Ground	..	..	..	96	Factories	..	..	..	5
Public Health Acts	..	..	..	14	Other Visits	..	..	..	37
Pest Control	..	..	..	1	Offices, shops, and Railway Premises				
Food and Drugs Act	..	..	..	13	Acts	..	..	..	17
Housing Acts	..	..	..	17	Public Conveniences	..	..	..	53
Municipal Buildings	..	..	..	89	Play Area	..	..	..	80
Cemetery	..	..	..	104	Council Yards	..	..	..	219

Note : This summary is not specific to the work as Public Health Inspector, but includes visits as Borough Surveyor and those of my Technical Assistant.

OFFICES. SHOPS AND RAILWAY PREMISES ACT, 1963.

There was one new registration during the year ending 31st December, 1970. Registration and general inspection information is set out below.

Class of Premises	Number of Premises first registered during the year	Total number of registered premises at end of year	Number of registered premises receiving a general inspection during the year
Offices	—	9	4
Retail Shops	—	17	9
Wholesale shops, warehouses	—	1	—
Catering establishments open to the public, canteens	—	2	—
Fuel storage depots	—	—	—

The total number of visits including inspections of registered premises was 17.
There were one accident notified during 1970.

W. E. RAMM,
*Borough Surveyor and
Public Health Inspector.*

